

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	44534
Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: COLI Form Filing

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NWPA-126449866 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: COLI-3000-C-AR

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Amy Burchette, Sandra
Davies, Dan Gallion, Cindy Malloy,
Carrie Ruhlen, Georgia Sollars,
Drema Wallace, EDS EDSSupport,
Leslie Hernandez

Disposition Date: 01/13/2010

Date Submitted: 01/11/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 02/08/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/13/2010

Deemer Date:

Submitted By: Dan Gallion

Filing Description:

Re: COLI-3000-C-AR, Corporate Master Application

COLI-3001-D-US4, Corporate Enrollment Form for Consent to Insurance

COLI-3002-D-US4, Corporate Enrollment Form for Consent to Insurance

COLI-3012-D-AR, Corporate Enrollment Form - Consent to Insurance

COLI-3006-N, Variable Life Fund Supplement

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/13/2010

Created By: Dan Gallion

Corresponding Filing Tracking Number:

SERFF Tracking Number: NWPA-126449866 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44534
Company Tracking Number: COLI-3000-C-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: COLI Form Filing
Project Name/Number: /

COLI-3011-V, Variable Life Fund Supplement
COLI-3038-A, Variable Life Fund Supplement
NAIC #66869

Enclosed for filing, subject to your approval, are forms COLI-3000-C-AR Corporate Master Application, COLI-3001-D-US4 Corporate Enrollment Form for Consent to Insurance, COLI-3002-D-US4 Corporate Enrollment Form for Consent to Insurance, COLI-3012-D-AR Corporate Enrollment Form - Consent to Insurance, COLI-3006-N Variable Life Fund Supplement, COLI-3011-V Variable Life Fund Supplement, and COLI-3038-A Variable Life Fund Supplement.

Existing Form Approval Date	Serff File #	New Form
COLI-3000-B-US2 02-08-07	NWPA-125094883	COLI-3000-C-AR
COLI-3005-B-US2 11-02-06	USPH-6UFFYA691/00	COLI-3000-C-AR
COLI-3001-C-AR 09-15-06	USPH-6TDNTV196/00	COLI-3001-D-US4
COLI-3009-US2 10-30-01	N/A	COLI-3001-D-US4
COLI-3002-C-AR 09-15-06	USPH-6TDNTV196/00	COLI-3002-D-US4
COLI-3010-US2 10-30-01	N/A	COLI-3002-D-US4
COLI-3012-C-AR 09-15-06	USPH-6TDNTV196/00	COLI-3012-D-AR
COLI-3017-C-AR 02-08-07	NWPA- 125094402	COLI-3012-D-AR
COLI-3006-M 04-09-07	NWPA- 125137529	COLI-3006-N
COLI-3011-U 04-09-07	NWPA- 125137529	COLI-3011-V
COLI-3038 01-12-09	NWPA- 125886343	COLI-3038-A

The following revisions were made:

COLI-3000-C-AR

1. Added Nationwide logo.
2. Updated the format of the application.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Changed the address and added phone number to the front page.
5. Changed application to be used with individual and group products.
6. Added Owner Tax ID No. and Trust Options in Owner section.
7. Removed Modified Single Premium in Planned Premium section.
8. Removed Additional Instructions and Correction and Amendments by Home Office sections.
9. Changed name of Additional Protection Rider to Supplemental Insurance Rider.
10. The New Business Coordinator phone number was placed at the bottom of both pages.

COLI-3001-D-US4

1. Added Nationwide logo.

SERFF Tracking Number: NWPA-126449866 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44534
Company Tracking Number: COLI-3000-C-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: COLI Form Filing
Project Name/Number: /

2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Changed form to be used with individual and group products.
6. Changed wording in Authorization of Insurance.
7. In Section 3, revised question A2.
8. Changed Life Insured to Proposed Insured.

COLI-3002-D-US4

1. Added Nationwide logo.
2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Changed form to be used with individual and group products.
6. Changed wording in Authorization of Insurance.
7. In Section 3, revised question A2.
8. Changed Life Insured to Proposed Insured.

COLI-3012-D-AR

1. Added Nationwide logo.
2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Removed State of Birth in Section 1.
6. Changed form to be used with individual and group products.
7. Changed wording in Authorization of Insurance.
8. In Section 3, revised question A2.
9. Changed Life Insured to Proposed Insured.
10. Revised I authorize paragraph.
11. Revised Fraud Statement.
12. Updated MIB address and added web address in MIB Disclosure Notice Section.

COLI-3006-N

1. Updated the format of the form.
2. Removed Nationwide Life and Annuity Insurance Company.
3. Added the address and phone number to the front page.
4. Removed Corporate Tax ID.
5. Added Owner Name section.

SERFF Tracking Number: NWPA-126449866 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44534
Company Tracking Number: COLI-3000-C-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: COLI Form Filing
Project Name/Number: /

6. Removed IRC Life Insurance Qualification Test section.
7. Removed Death Benefit Option section.
8. The New Business Coordinator phone number was placed at the bottom of both pages.
9. Revised signature lines.
10. Revised funds.

COLI-3011-V

1. Updated the format of the form.
2. Added the address and phone number to the front page.
3. Removed Owner Tax ID.
4. Added Corporation section.
5. Removed IRC Life Insurance Qualification Test section.
6. Removed Death Benefit Option section.
7. The New Business Coordinator phone number was placed at the bottom of the 1st page.
8. Revised signature lines.
9. Revised funds.

COLI-3038-A

1. Updated the format of the form.
2. Added phone number to the front page.
3. The New Business Coordinator phone number was placed at the bottom of the 1st page.
4. Revised signature lines.
5. Revised funds.

These forms are being filed concurrently in our state of domicile. Upon domiciliary approval, we will forward a copy of the stamped approval for your records. Form COLI-3000-C-AR, COLI-3001-D-US4, COLI-3002-D-US4, and COLI-3012-D-AR have been written in a readable fashion and attain Flesch scores of 48.9, 55.1, 55.1, and 53.8, respectively. Forms COLI-3006-N, COLI-3011-V and COLI-3038-A are exempt from scoring.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Sincerely,

Dan Gallion
Specialist
NF Regulatory Filings &
Operations Team, 1-33-102

SERFF Tracking Number: NWPA-126449866 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44534
Company Tracking Number: COLI-3000-C-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: COLI Form Filing
Project Name/Number: /
Phone: (614) 249-8116
Fax: (614) 249-2112
E-Mail: galliod@nationwide.com

DG

Enclosures:

1. Filing Letter
2. Filing Fee
3. COLI-3000-C-AR, Corporate Master Application
4. COLI-3001-D-US4, Corporate Enrollment Form for Consent to Insurance
5. COLI-3002-D-US4, Corporate Enrollment Form for Consent to Insurance
6. COLI-3012-D-AR, Corporate Enrollment Form - Consent to Insurance
7. COLI-3006-N, Variable Life Fund Supplement
8. COLI-3011-V, Variable Life Fund Supplement
9. COLI-3038-A, Variable Life Fund Supplement

Company and Contact

Filing Contact Information

Dan Gallion, Compliance Specialist galliod@nationwide.com
One Nationwide Plaza 614-249-8116 [Phone]
1-33-102 614-249-1199 [FAX]
Columbus, OH 43215

Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type:
1-10-03	Group Name:	State ID Number:
Columbus, OH 43215	FEIN Number: 31-4156830	
(800) 882-2822 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$350.00
Retaliatory?	Yes

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
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Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		
Fee Explanation:	\$50.00 per form		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$350.00	01/11/2010	33434114

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	44534
Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/13/2010	01/13/2010

<i>SERFF Tracking Number:</i>	<i>NWPA-126449866</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44534</i>
<i>Company Tracking Number:</i>	<i>COLI-3000-C-AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>COLI Form Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 01/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	44534
Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	Corporate Master Application		Yes
Form	Corporate Enrollment Form for Consent to Insurance		Yes
Form	Corporate Enrollment Form for Consent to Insurance		Yes
Form	Corporate Enrollment Form - Consent to Insurance		Yes
Form	Variable Life Fund Supplement		Yes
Form	Variable Life Fund Supplement		Yes
Form	Variable Life Fund Supplement		Yes

SERFF Tracking Number: NWPA-126449866 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44534
Company Tracking Number: COLI-3000-C-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: COLI Form Filing
Project Name/Number: /

Form Schedule

Lead Form Number: COLI-3000-C-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	COLI-3000-C-AR	Application/ Corporate Master Enrollment Form		Revised	Replaced Form #: COLI-3000-B-US2, COLI-3005-B-US2 Previous Filing #: NWPA-125094883, USPH-6UFFYA691/00	48.900	COLI-3000-C-AR.pdf
	COLI-3001-D-US4	Application/ Corporate Enrollment Form	Form for Consent to Insurance	Revised	Replaced Form #: COLI-3001-D-US4, COLI-3009-US2 Previous Filing #: USPH-6TDNTV196/00	55.100	COLI-3001-D-US4.pdf
	COLI-3002-D-US4	Application/ Corporate Enrollment Form	Form for Consent to Insurance	Revised	Replaced Form #: COLI-3002-C-AR Previous Filing #: USPH-6TDNTTV196/00	55.100	COLI-3002-D-US4.pdf
	COLI-3012-D-AR	Application/ Corporate Enrollment Form	Form - Consent to Insurance	Revised	Replaced Form #: COLI-3012-C-AR Previous Filing #: USPH-6TDNTTV196/00, NWPA-125094402	52.800	COLI-3012-D-AR.pdf
	COLI-3006-N	Application/ Variable Life Fund Enrollment Form	Supplement	Revised	Replaced Form #: COLI-3006-M Previous Filing #: NWPA-125137529	0.000	COLI-3006-N.pdf
	COLI-3011-	Application/ Variable Life Fund		Revised	Replaced Form #:	0.000	COLI-3011-

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	44534
Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		

V	Enrollment Supplement Form	COLI-3011-U	V.pdf
		Previous Filing #:	
		NWPA-125137529	
COLI-3038-	Application/Variable Life Fund	Revised	
A	Enrollment Supplement Form	Replaced Form #:	0.000
		COLI-3038	COLI-3038-
		Previous Filing #:	A.pdf
		NWPA-125886343	



CORPORATE MASTER APPLICATION

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401

• One Nationwide Plaza, Columbus, Ohio 43215-2220 • 1-877-351-8808 Case No.: _____

Section 1 CORPORATION INFORMATION

Corporation Name: _____ Corporation Tax I.D. No.: _____

Corporation Address: Street Address: _____

City: _____ State: _____ Zip Code: _____

Section 2 OWNER INFORMATION

Owner Name (if other than Corporation): _____

Owner Tax I.D. No.: _____ ☐ Trust ☐ Other (specify): _____

Owner Address: Street Address: _____

City: _____ State: _____ Zip Code: _____

☐ Check this box if this is the primary mailing address. If not, complete Section 4

Section 3 BENEFICIARY INFORMATION

Beneficiary (if other than Corporation): _____

Section 4 POLICY/CERTIFICATE INFORMATION

Name and Address for Mail (correspondence/statements/notices/confirmations):

Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Section 5 PRODUCT INFORMATION

Product Name: _____

Death Benefit Option (If no option is selected, Option 1 is elected):

- ☐ Option 1 Death Benefit equals Specified Amount
☐ Option 2 Death Benefit equals Specified Amount + Cash Value
☐ Option 3 Death Benefit equals Specified Amount + Accumulated Premiums

Initial election of Option 3 is irrevocable.

Section 6 PREMIUM TEST

☐ Guideline Premium Test ☐ Cash Value Accumulation Test

Section 7 PLANNED PREMIUM

Planned Premium (Check only one):

- ☐ Annual \$ _____ ☐ Semi-Annual \$ _____
☐ Quarterly \$ _____ ☐ Other \$ _____

Planned Premium Payment Period - Number of years: _____

Section 8 MEC STATUS

MEC Status: ☐ MEC ☐ Non-MEC

Section 9 OPTIONAL BENEFIT RIDERS

- ☐ Yes ☐ No Change of Insured Rider
☐ Yes ☐ No Supplemental Insurance Rider
☐ Yes ☐ No Other (specify) _____

If you have any questions, please contact your New Business Coordinator at 1-877-351-8808

Section 10 REPLACEMENT

Will this insurance applied for replace or cause a change in, or involve a loan under, on any life insurance proposed here or any life insurance or annuity policy owned by the Owner? ☐ Yes ☐ No

If "Yes," give the following information: Company _____

Section 11 SPECIAL POLICY/CERTIFICATE DATE REQUESTED

_____/_____/_____
MM/DD/YYYY

Insurance under this application to be applied for in accordance with the insurance schedule and request for consent to insurance forms. For all future additions, the originally completed Master Application will remain in effect for one (1) year, and all new policies will be issued with a current specified date.

Section 12 TAXPAYER IDENTIFICATION NUMBER

TAXPAYER IDENTIFICATION NUMBER Certification — Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number (or am waiting for a number to be issued to me). Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their Taxpayer Identification Number is correct. If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be required to withhold a percentage (the current rate based on IRS rulings) from interest and other payments we make to you (known as backup withholding). It is not an additional tax, since the amount withheld will be applied against the tax you owe. If withholding results in an overpayment of taxes, a refund may be obtained.

☐ Check this box if the Internal Revenue Service has notified you that you are not subject to the provisions of this law.

Otherwise, your signature on this application is certification that the Taxpayer Identification Number on this application is true, correct and complete.

Section 13 AGREEMENT, AUTHORIZATION AND SIGNATURES

I understand that the Death Benefit under a variable life insurance policy/certificate may increase or decrease, depending on the investment return of the Sub-Account(s) I select. Regardless of investment return, the Death Benefit can never be less than the Specified Amount, as long as the Policy/Certificate is in force. The contract value may increase or decrease on any day, depending on the investment return for the policy/certificate. No minimum contract value is guaranteed.

I have read the above questions and answers and declare that they are complete and true to the best of my knowledge and belief. I agree that this Corporate Master Application and Employee consent to insurance and the insurance schedule shall form a part of any Policy/Certificate issued. I also agree that no Agent/Representative of the Company shall: have the authority to waive a complete answer to any question in this Application; transfer insurability; make or alter any contract; or, waive any of the Company's other rights or requirements. I further agree that no insurance shall take effect unless and until the Policy/Certificate has been delivered to and accepted by me; and, the initial premium is paid during the lifetime and prior to any change in insurability of the Proposed Insureds.

Changes or corrections made by the Company are ratified by the Owner upon acceptance of a contract containing this Application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation, amendments as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ on _____, _____
City State Month Day Year

Signature of Applicant/Owner/Authorized Officer

Print Name and Title of Applicant/Owner/Authorized Officer

Signature of Registered Representative

Print Name of Registered Representative

List individuals authorized to sign on behalf of the Owner.

Signature

Signature

Printed Name

Printed Name

Title

Title

If you have any questions, please contact your New Business Coordinator at 1-877-351-8808



CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401

• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808

Section 1 PROPOSED INSURED INFORMATION

Employer: _____

Proposed Insured: _____ Date of Birth: _____
Print Name MM/DD/YYYY

Sex: ☐ M ☐ F Social Security No: _____ Most Recent Date of Hire: _____
MM/DD/YYYY

Job Title: _____ How long have you worked in your present position? _____

Work Address (include zip code): _____

Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$_____. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Details to questions A1 - 3 and B: _____

CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Proposed Insured

Date



CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401
• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808

Section 1 PROPOSED INSURED INFORMATION

Employer: _____

Proposed Insured: _____ Date of Birth: _____
Print Name MM/DD/YYYY

Sex: ☐ M ☐ F Social Security No: _____ Most Recent Date of Hire: _____
MM/DD/YYYY

Job Title: _____ How long have you worked in your present position? _____

Work Address (include zip code): _____

Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$_____. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Details to questions A1 - 3 and B: _____

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED (Continued)

C. In accordance with the Plan, I am entitled to a specified death benefit for this insurance.

I direct my Beneficiary to be:

<u>Full name of Beneficiary</u>	<u>%</u>	<u>Date of Birth</u>	<u>Relationship to Insured</u>	<u>Social Security No.</u>
Primary:				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____
Secondary: (will be Beneficiary if Primary Beneficiary dies before Primary Insured)				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____

CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Proposed Insured

Date



Section 1 PROPOSED INSURED INFORMATION

Work Address (include zip code):

Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$ _____. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... ☐ Yes ☐ No
2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.) ☐ Yes ☐ No
3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... ☐ Yes ☐ No
- B. In the past 10 years, have you had or been treated for:
Any disorder of the heart or blood vessels; tumor or cancer; diabetes; stroke; or any blood disorder; lungs; kidneys; drug or alcohol use; depression or been diagnosed by a doctor or by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome), or received a positive result of an HIV (Human Immunodeficiency Virus) test? (If "Yes," give details below.)..... ☐ Yes ☐ No
- C. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.)..... ☐ Yes ☐ No

I authorize: any licensed physician or medical practitioner; any hospital, clinic, pharmacy or other medical or medically related facility; any insurance company; the Medical Information Bureau; any pharmacy benefit managers and other sources who maintain prescription drug records and related information; or any other organization, institution or person who has knowledge of me; to give that information to the Medical Director of the Nationwide Life Insurance Company, or its reinsurers. This authorization, or a copy of it, will be valid for a period of not more than two years (24 months) from the date it was signed. I have received the Medical Information Bureau disclosure form. I certify that the Social Security Number given is correct and complete. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

11/2009

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Nationwide Life Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act of 1970. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642). The Web address of the Bureau's information office is www.mib.com.

Nationwide Life Insurance Company, or its reinsurer(s), may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



VARIABLE LIFE FUND SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401
• One Nationwide Plaza, Columbus, Ohio 43215-2220 • 1-877-351-8808

Section 1 CORPORATION

Corporation Name: _____

Section 2 OWNER

Owner Name: _____

Section 3 IMPORTANT NOTICE

I UNDERSTAND THAT THE DEATH BENEFIT UNDER A VARIABLE LIFE INSURANCE POLICY MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT RETURN OF THE SUB-ACCOUNT(S) I SELECT. REGARDLESS OF INVESTMENT RETURN, THE DEATH BENEFIT CAN NEVER BE LESS THAN THE SPECIFIED AMOUNT, AS LONG AS THE POLICY IS IN FORCE. THE CONTRACT VALUE MAY INCREASE OR DECREASE ON ANY DAY, DEPENDING ON THE INVESTMENT RETURN FOR THE POLICY. NO MINIMUM CONTRACT VALUE IS GUARANTEED. ON REQUEST, WE WILL FURNISH ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS AND CONTRACT VALUES FOR A VARIABLE LIFE INSURANCE POLICY AND A FIXED LIFE INSURANCE POLICY FOR THE SAME PREMIUM.

Section 4 SUITABILITY

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Do you understand that the Death Benefit and Surrender Value may increase or decrease depending on the investment experience of the Variable Account? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you believe that this Policy will meet your insurance needs and financial objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you received a current copy of the prospectus? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 ALLOCATIONS

FOR CONTRACTS ISSUED IN STATES WHICH REQUIRE A RETURN OF PREMIUM TO A POLICY OWNER EXERCISING THE SHORT TERM RIGHT TO CANCEL; NET PREMIUMS WILL BE ALLOCATED TO THE NATIONWIDE NVIT MONEY MARKET FUND OR TO THE FIXED ACCOUNT IF SELECTED UNTIL THE END OF THE RIGHT TO CANCEL PERIOD. AT THE END OF THIS PERIOD, YOUR CONTRACT VALUE WILL BE ALLOCATED TO THE SUB-ACCOUNTS INDICATED BELOW. FOR STATES REQUIRING A RETURN OF CASH VALUE, YOUR NET PREMIUM WILL BE ALLOCATED TO THE SUB-ACCOUNTS AT THE BEGINNING OF THE SHORT TERM RIGHT TO CANCEL PERIOD. YOUR SELECTIONS MUST TOTAL 100%. THESE PERCENTAGES WILL APPLY IN FUTURE YEARS BUT MAY BE CHANGED AT ANY TIME BY THE POLICY OWNER. (IF NO ALLOCATION INDICATED, MONEY MARKET WILL BE AUTOMATICALLY SELECTED.)

AIM VARIABLE INSURANCE (Series I Shares)

- ____ % Capital Development Fund
- ____ % International Growth Fund
- ____ % Mid Cap Core Equity Fund

ALLIANCEBERNSTEIN VARIABLE PRODUCTS SERIES FUND, INC. (Class A)

- ____ % Growth & Income Port.
- ____ % International Value Port.
- ____ % Small/Mid Cap Value Port.

AMERICAN CENTURY VARIABLE PORTFOLIOS, INC.

- ____ % VP Mid Cap Value Fund
- ____ % VP Value Fund
- ____ % VP Vista Fund

AMERICAN FUNDS INSURANCE SERIES (Class 2 Shares)

- ____ % Asset Allocation Fund
- ____ % Bond Fund

BLACKROCK VARIABLE SERIES FUNDS, INC. (Class II)

- ____ % Large Cap Core V.I. Fund

DAVIS VARIABLE ACCOUNT FUND, INC.

- ____ % Value Port.

DREYFUS (Initial Shares)

- ____ % Small Cap Stock Index Port. –
- ____ Service Shares
- ____ % Stock Index Fund, Inc.
- ____ % VIF Appreciation Port.
- ____ % VIF International Value Port.

DWS VARIABLE SERIES II (Class B)

- ____ % Dreman Small Mid Cap Value VIP
- ____ % Dreman Strategic Value VIP

FEDERATED INSURANCE SERIES (Primary Shares)

- ____ % Quality Bond Fund II

FIDELITY VARIABLE INSURANCE PRODUCTS FUND (Service Class)

- ____ % VIP Equity-Income Port.
- ____ % VIP Freedom Fund 2015 Port.
- ____ % VIP Freedom Fund 2020 Port.
- ____ % VIP Freedom Fund 2025 Port.
- ____ % VIP Freedom Fund 2030 Port.
- ____ % VIP Growth Port.
- ____ % VIP Investment Grade Bond Port.
- ____ % VIP Mid Cap Port.

If you have any questions, please contact your New Business Coordinator at 1-877-351-8808

**FRANKLIN TEMPLETON VARIABLE
INSURANCE PRODUCTS TRUST (Class II)**

____ % Franklin Small Cap Value Securities
Fund
____ % Templeton Global Bond Securities
Fund

**IVY FUNDS VARIABLE INSURANCE
PORTFOLIOS, INC.**

____ % Asset Strategy
____ % Growth
____ % Real Estate Securities
____ % Science & Technology

JANUS ASPEN SERIES (Service Shares)

____ % Balanced Port.
____ % Forty Port.
____ % Global Technology Port.
____ % Overseas Port.

**LEGG MASON PARTNERS VARIABLE
PORTFOLIOS I, INC. (Class I)**

____ % Small Cap Growth Port.

**LINCOLN VARIABLE INSURANCE
PRODUCTS TRUST (Service Class)**

____ % Baron Growth Opportunities Fund

**LORD ABBETT SERIES FUND INC.
(Class VC)**

____ % Mid Cap Value Port.

**MFS® VARIABLE INSURANCE TRUST
(Service Class)**

____ % Research International Series
____ % Value Series Fund

**MFS® VARIABLE INSURANCE TRUST II
(Service Class)**

____ % International Value Port.

**NATIONWIDE NVIT INVESTOR
DESTINATIONS (Class II)**

____ % Aggressive Fund
____ % Conservative Fund
____ % Moderate Fund
____ % Moderately Aggressive Fund
____ % Moderately Conservative Fund

**NATIONWIDE VARIABLE INSURANCE TRUST
(NVIT) (Class I)**

____ % Federated NVIT High Income Bond
Fund
____ % Gartmore NVIT Emerging Markets Fund
____ % Gartmore NVIT International Equity
Fund
____ % Gartmore NVIT Worldwide Leaders
Fund
____ % NVIT Cardinal^{ISM} Aggressive Fund
____ % NVIT Cardinal^{ISM} Balanced Fund
____ % NVIT Cardinal^{ISM} Capital Appreciation
Fund
____ % NVIT Cardinal^{ISM} Conservative Fund
____ % NVIT Cardinal^{ISM} Moderate Fund
____ % NVIT Cardinal^{ISM} Moderately Aggressive
Fund
____ % NVIT Cardinal^{ISM} Moderately
Conservative Fund
____ % NVIT Government Bond Fund
____ % NVIT International Index Fund – Class II
____ % NVIT Mid Cap Index Fund
____ % NVIT Money Market Fund – Class V
____ % NVIT Multi-Manager Large Cap Growth
Fund
____ % NVIT Multi-Manager Mid Cap Growth
Fund
____ % NVIT Multi-Manager Mid Cap Value
Fund
____ % NVIT Multi-Manager Small Cap Growth
Fund
____ % NVIT Multi-Manager Small Cap Value
Fund
____ % NVIT Multi-Manager Small Company
Fund
____ % NVIT Multi Sector Bond Fund
____ % NVIT Nationwide® Fund
____ % NVIT Short Term Bond Fund
____ % Van Kampen NVIT Real Estate Fund

**NEUBERGER BERMAN ADVISORS
MANAGEMENT TRUST (I Class)**

____ % AMT Partners Port.
____ % AMT Regency Port.

**OPPENHEIMER VARIABLE ACCOUNT
FUNDS (Non-Service Shares)**

____ % Capital Appreciation Fund/VA
____ % Global Securities Fund/VA

**PIMCO VARIABLE INSURANCE TRUST
(Administrative Share Class)**

____ % All Asset Port.
____ % Foreign Bond Port. (unhedged)
____ % Low Duration Port.
____ % Real Return Port.
____ % Total Return Port.

**PIONEER VARIABLE CONTRACTS TRUST
(Class I)**

____ % Emerging Markets VCT Port.
____ % High Yield VCT Port.

PUTNAM VARIABLE TRUST (Class IB)

____ % Small Cap Value Fund

**ROYCE CAPITAL FUND (Investment
Class)**

____ % Micro-Cap Port.

T. ROWE PRICE EQUITY SERIES, INC.

____ % Equity Income Port. - Class II
____ % New America Growth Port.
____ % Personal Strategy Balanced Port.

**THE UNIVERSAL INSTITUTIONAL FUNDS,
INC. (Class I)**

____ % Capital Growth Port.
____ % Emerging Markets Debt Port.
____ % Global Real Estate – Class II
____ % Mid Cap Growth Port.

**VAN ECK WORLDWIDE INSURANCE
TRUST (Initial Class)**

____ % Worldwide Hard Assets Fund

**WELLS FARGO FUNDS® VARIABLE
TRUST**

____ % Discovery Fund
____ % Small Cap Growth Fund

NATIONWIDE LIFE INSURANCE CO.

____ % Fixed Account

Signed at _____ on _____, _____
City and State Month Day Year

Signature of Registered Representative

Signature of Owner (Authorized Officer/Trustee)



VARIABLE LIFE FUND SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401
• One Nationwide Plaza, Columbus, Ohio 43215-2220 • 1-877-351-8808

Section 1 CORPORATION

Corporation Name: _____

Section 2 OWNER

Owner Name: _____

Section 3 IMPORTANT NOTICE

I UNDERSTAND THAT THE DEATH BENEFIT UNDER A VARIABLE LIFE INSURANCE CERTIFICATE MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT RETURN OF THE SUB-ACCOUNT(S) I SELECT. REGARDLESS OF INVESTMENT RETURN, THE DEATH BENEFIT CAN NEVER BE LESS THAN THE SPECIFIED AMOUNT, AS LONG AS THE CERTIFICATE IS IN FORCE. THE CERTIFICATE VALUE MAY INCREASE OR DECREASE ON ANY DAY, DEPENDING ON THE INVESTMENT RETURN FOR THE CERTIFICATE. NO MINIMUM CERTIFICATE VALUE IS GUARANTEED. ON REQUEST, WE WILL FURNISH ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS AND CERTIFICATE VALUES FOR A VARIABLE LIFE INSURANCE CERTIFICATE FOR THE SAME PREMIUM.

Section 4 SUITABILITY

- | | | Yes | No |
|----|---|--------------------------|--------------------------|
| A. | Do you understand that the Death Benefit and Surrender Value may increase or decrease depending on the investment experience of the Variable Account? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Do you believe that this Certificate will meet your insurance needs and financial objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Have you received a current Private Placement Memorandum? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 ALLOCATIONS

FOR CERTIFICATES ISSUED IN STATES WHICH REQUIRE A RETURN OF PREMIUM TO A CERTIFICATE OWNER EXERCISING THE SHORT TERM RIGHT TO CANCEL; NET PREMIUMS WILL BE ALLOCATED TO THE NATIONWIDE NVIT MONEY MARKET FUND IF SELECTED UNTIL THE END OF THE RIGHT TO CANCEL PERIOD. AT THE END OF THIS PERIOD, YOUR CERTIFICATE VALUE WILL BE ALLOCATED TO THE SUB-ACCOUNTS INDICATED BELOW. FOR STATES REQUIRING A RETURN OF CASH VALUE, YOUR NET PREMIUM WILL BE ALLOCATED TO THE SUB-ACCOUNTS AT THE BEGINNING OF THE SHORT TERM RIGHT TO CANCEL PERIOD. YOUR SELECTIONS MUST TOTAL 100%. THESE PERCENTAGES WILL APPLY IN FUTURE YEARS BUT MAY BE CHANGED AT ANY TIME BY THE CERTIFICATE OWNER. (IF NO ALLOCATION INDICATED, MONEY MARKET WILL BE AUTOMATICALLY SELECTED.)

[Funds chosen from the attached list will be inserted here on a case by case basis.]

Section 6 SIGNATURE

Dated at _____ on _____, _____
City and State Month Day Year

Signature of Registered Representative

Signature of Applicant/Owner/Authorized Officer

If you have any questions, please contact your New Business Coordinator at 1-877-351-8808

AIM VARIABLE INSURANCE FUNDS (Series I)

_____ % Basic Value Fund
 _____ % Capital Appreciation Fund
 _____ % Capital Development Fund
 _____ % Core Equity Fund
 _____ % Dynamics Fund
 _____ % Global Health Care Fund
 _____ % Global Real Estate Fund
 _____ % High Yield Fund
 _____ % International Growth Fund
 _____ % Mid Cap Core Equity Fund
 _____ % Small Cap Equity Fund
 _____ % Technology Fund
 _____ % Utilities Fund

ALLIANCEBERNSTEIN VARIABLE PRODUCTS SERIES, FUND, INC. (Class A)

_____ % Growth & Income Port.
 _____ % International Value Port.
 _____ % Real Estate Investment Port.
 _____ % Small Cap Growth Port.
 _____ % Small/Mid Cap Value Port.

AMERICAN CENTURY VARIABLE PORTFOLIOS, INC. (Class I)

_____ % Income & Growth Fund
 _____ % International Fund
 _____ % Mid Cap Value Fund
 _____ % Ultra Fund
 _____ % Value Fund
 _____ % Vista Fund

AMERICAN CENTURY VARIABLE PORTFOLIOS II, INC. (Class II)

_____ % Inflation Protection Fund

AMERICAN FUNDS INSURANCE SERIES (Class 2 Shares)

_____ % Asset Allocation Fund
 _____ % Blue Chip Income and Growth Fund
 _____ % Bond Fund
 _____ % Global Discovery Fund
 _____ % Global Growth Fund
 _____ % Global Small Capitalization Fund
 _____ % Growth Fund
 _____ % Growth-Income Fund
 _____ % High-Income Bond Fund
 _____ % International Fund
 _____ % New World Fund
 _____ % U.S. Government/AAA-Rated Securities Fund

BLACKROCK VARIABLE SERIES FUNDS, INC. (Class II)

_____ % Global Allocation V.I. Fund
 _____ % International Value V.I. Fund – Class I
 _____ % Large Cap Core V.I. Fund
 _____ % Large Cap Value V.I. Fund
 _____ % Value Opportunities V.I. Fund

DAVIS VARIABLE ACCOUNT FUND, INC.

_____ % Value Port.

DREYFUS (Initial Shares)

_____ % IP Mid Cap Stock Port.
 _____ % IP Small Cap Stock Index Port. – Service Class
 _____ % Socially Responsible Growth Fund
 _____ % Stock Index Fund
 _____ % VIF Appreciation Port.
 _____ % VIF International Value Port.

DWS INVESTMENTS VIT FUNDS (Class A)

_____ % Small Cap Index VIP

DWS VARIABLE SERIES I (Class B)

_____ % Capital Growth VIP
 _____ % Health Care VIP

DWS VARIABLE SERIES II (Class B)

_____ % Core Fixed Income VIP
 _____ % Dremann Strategic Value VIP
 _____ % Dremann Small Mid Cap Value VIP
 _____ % Global Thematic VIP
 _____ % High Income VIP
 _____ % Large Cap Value VIP
 _____ % Technology VIP

FEDERATED INSURANCE SERIES**(Primary Shares)**

_____ % Kaufmann Fund II
 _____ % Quality Bond Fund II

FIDELITY VARIABLE INSURANCE PRODUCTS FUND (Service Class)

_____ % VIP Asset Manager Growth Port.
 _____ % VIP Asset Manager Port.
 _____ % VIP Balanced Port.
 _____ % VIP Contrafund Port.
 _____ % VIP Equity-Income Port.
 _____ % VIP Freedom Fund 2005 Port.
 _____ % VIP Freedom Fund 2010 Port.
 _____ % VIP Freedom Fund 2015 Port.
 _____ % VIP Freedom Fund 2020 Port.
 _____ % VIP Freedom Fund 2025 Port.
 _____ % VIP Freedom Fund 2030 Port.
 _____ % VIP Freedom Income Fund Port.
 _____ % VIP Growth & Income Port.
 _____ % VIP Growth Port.
 _____ % VIP High Income Port.
 _____ % VIP Index 500 Port. – Initial Class
 _____ % VIP Investment Grade Bond Port.
 _____ % VIP Mid Cap Port.
 _____ % VIP Overseas Port.
 _____ % VIP Value Strategies Port.

FRANKLIN TEMPLETON VARIABLE INSURANCE PRODUCTS TRUST (Class II)

_____ % Franklin Income Securities Fund
 _____ % Franklin Rising Dividends Securities Fund
 _____ % Franklin Small Cap Value Securities Fund
 _____ % Franklin Small-Mid Cap Growth Fund
 _____ % Franklin Strategic Income Securities Fund
 _____ % Franklin U.S. Government Fund
 _____ % Mutual Discovery Global Securities Fund
 _____ % Templeton Developing Markets Securities Fund
 _____ % Templeton Foreign Securities Fund
 _____ % Templeton Global Bond Securities Fund
 _____ % Templeton Growth Securities Fund

GOLDMAN SACHS VARIABLE INSURANCE TRUST

_____ % Structured Small Cap Equity Fund
 _____ % Structured U.S. Equity Fund

IVY FUNDS VARIABLE INSURANCE PORTFOLIOS, INC.

_____ % Asset Strategy
 _____ % Balanced
 _____ % Core Equity
 _____ % Growth
 _____ % High Income
 _____ % International Value
 _____ % Real Estate Securities
 _____ % Science & Technology
 _____ % Small Cap Growth
 _____ % Small Cap Value
 _____ % Value

J.P. MORGAN INSURANCE TRUST (Class I)

_____ % Core Bond Port.

JANUS ASPEN SERIES (Service Shares)

_____ % Balanced Port.
 _____ % Enterprise Port.
 _____ % Forty Port.
 _____ % Global Technology Port.
 _____ % INTECH Risk-Managed Core Port.
 _____ % Overseas Port.
 _____ % Perkins Mid Cap Value Port.
 _____ % Worldwide Port.

LAZARD RETIREMENT SERIES, INC. (Investor Class)

_____ % Retirement Emerging Markets Equity Port.

LEGG MASON PARTNERS VARIABLE PORTFOLIOS I, INC. (Class I)

_____ % Small Cap Growth Port.

LEGG MASON PARTNERS VARIABLE PORTFOLIOS II, INC. (Class I)

_____ % Aggressive Growth Port.

LINCOLN VARIABLE INSURANCE PRODUCTS TRUST (Service Class)

_____ % Baron Growth Opportunities Fund

LORD ABBETT SERIES FUND, INC. (Class VC)

_____ % Bond Debenture Port.
 _____ % Growth and Income Port.
 _____ % Mid-Cap Value Port.

M FUND, INC.

_____ % Brandes International Equity Fund
 _____ % Business Opportunity Value Fund
 _____ % Frontier Capital Appreciation Fund
 _____ % Turner Core Growth Fund

MFS® VARIABLE INSURANCE TRUST (Service Class)

_____ % Growth Series
 _____ % Investors Growth Series
 _____ % Research International Series
 _____ % Total Return Series
 _____ % Utilities Series
 _____ % Value Series

MFS® VARIABLE INSURANCE TRUST II (Service Class)

_____ % International Growth Port.
 _____ % International Value Port.

NATIONWIDE

_____ % BlackRock Asset-Backed and Mortgage-Backed Securities
 _____ % BlackRock Core Bond Enhanced Index
 _____ % Evergreen Core Bond Fund
 _____ % Evergreen High Income Intermediate Bond Fund
 _____ % Global Balanced Allocation Port.
 _____ % GSAM Core High Quality Fixed Income
 _____ % GSAM Diversified Mortgage Strategy
 _____ % GSAM Money Market
 _____ % Hughes Barclay Aggregate Investment Grade Fund
 _____ % J.P. Morgan Core Investment Grade
 _____ % J.P. Morgan Mortgage-Backed Securities
 _____ % LASSO Managed Account
 _____ % Morgan Stanley Core Fixed Income Port.
 _____ % Morgan Stanley Enhanced Targeted Duration Mortgage Fixed Income Port.
 _____ % Morgan Stanley Mortgage Fixed Income Port.
 _____ % Morgan Stanley Targeted Duration Core Fixed Income Port.
 _____ % Morgan Stanley Targeted Duration Mortgage Fixed Income Port

**NATIONWIDE NVIT INVESTOR
DESTINATIONS (Class II)**

- ___ % Aggressive Fund
- ___ % Conservative Fund
- ___ % Moderate Fund
- ___ % Moderately Aggressive Fund
- ___ % Moderately Conservative Fund

**NATIONWIDE VARIABLE INSURANCE
TRUST (NVIT) (Class I)**

- ___ % Federated NVIT High Income Bond Fund
- ___ % Gartmore NVIT Emerging Markets Fund
- ___ % Gartmore NVIT International Equity Fund
- ___ % Gartmore NVIT Worldwide Leaders Fund
- ___ % NVIT Cardinal Aggressive Fund
- ___ % NVIT Cardinal Balanced Fund
- ___ % NVIT Cardinal Capital Appreciation Fund
- ___ % NVIT Cardinal Conservative Fund
- ___ % NVIT Cardinal Moderate Fund
- ___ % NVIT Cardinal Moderately Aggressive Fund
- ___ % NVIT Cardinal Moderately Conservative Fund
- ___ % NVIT Core Bond Fund
- ___ % NVIT Core Plus Bond Fund
- ___ % NVIT Government Bond Fund
- ___ % NVIT Growth Fund
- ___ % NVIT Health Sciences Fund
- ___ % NVIT International Index Fund – Class II
- ___ % NVIT Mid Cap Index Fund
- ___ % NVIT Money Market Fund – Class V
- ___ % NVIT Multi Manager International Growth Fund
- ___ % NVIT Multi Manager International Value Fund
- ___ % NVIT Multi Manager Large Cap Growth Fund
- ___ % NVIT Multi Manager Large Cap Value Fund
- ___ % NVIT Multi Manager Mid Cap Growth Fund
- ___ % NVIT Multi Manager Mid Cap Value Fund
- ___ % NVIT Multi Manager Small Cap Growth Fund
- ___ % NVIT Multi Manager Small Cap Value Fund
- ___ % NVIT Multi Manager Small Company Fund
- ___ % NVIT Multi Sector Bond Fund
- ___ % NVIT Nationwide® Fund
- ___ % NVIT Nationwide® Leaders Fund
- ___ % NVIT Short Term Bond Fund
- ___ % NVIT Technology and Communications Fund
- ___ % NVIT U.S. Growth Leaders Fund
- ___ % Van Kampen NVIT Comstock Value Fund
- ___ % Van Kampen NVIT Real Estate Fund

- ___ Bank of America Stable Value Protection
- ___ J.P. Morgan Stable Value Protection
- ___ Royal Bank of Canada Stable Value Protection

**NEUBERGER BERMAN ADVISERS
MANAGEMENT TRUST (Class I)**

- ___ % Guardian Port.
- ___ % Mid-Cap Growth Port.
- ___ % Partners Port.
- ___ % Regency Port.
- ___ % Small Cap Growth Port. – S Class
- ___ % Socially Responsive Port.

**OPPENHEIMER VARIABLE ACCOUNT FUNDS
(Non-Service Shares)**

- ___ % Capital Appreciation Fund/VA
- ___ % Core Bond Fund/VA
- ___ % Global Securities Fund/VA
- ___ % International Growth Fund/VA
- ___ % Main Street® Fund/VA
- ___ % Main Street® Small Cap Fund/VA
- ___ % Mid Cap Fund/VA
- ___ % Strategic Bond Fund/VA

**PIMCO VARIABLE INSURANCE TRUST
(Administrative Share Class)**

- ___ % All Asset Port.
- ___ % Commodity Real Return Strategy Port.
- ___ % Foreign Bond Port. (unhedged)
- ___ % High Yield Port.
- ___ % Long-Term U.S. Government Port.
- ___ % Low Duration Port.
- ___ % Real Return Port.
- ___ % Total Return Port.

**PIONEER VARIABLE CONTRACTS TRUST
(Class I)**

- ___ % Emerging Markets Port.
- ___ % High Yield Port.

PUTNAM VARIABLE TRUST (Class 1B)

- ___ % American Government Income Fund
- ___ % Diversified Income Fund
- ___ % Equity Income Fund
- ___ % George Putnam Fund
- ___ % Global Asset Allocation Fund
- ___ % Global Equity Fund
- ___ % Global Health Care Fund
- ___ % Global Utilities Fund
- ___ % Growth & Income Fund
- ___ % Growth Opportunities Fund
- ___ % High Yield Fund
- ___ % Income Fund
- ___ % International Growth & Income Fund
- ___ % International New Opportunity Fund
- ___ % Investors Fund
- ___ % New Opportunities Fund
- ___ % Research Fund
- ___ % Small Cap Value Fund
- ___ % Vista Fund
- ___ % Voyager Fund

ROYCE CAPITAL FUND (Investment Class)

- ___ % Micro-Cap Port.
- ___ % Small-Cap Port.

SALI MULTI-SERIES FUND, L.P.

- ___ % Bernstein Global Investments Insurance Fund Series
- ___ % Blue Insurance Fund Series
- ___ % CTC Insurance Fund Series
- ___ % Glacier Pond Fund Series
- ___ % Greybull Insurance Fund
- ___ % Inlign-McCabe Insurance Fund

SALI MULTI-SERIES FUND, L.P. CONT'D

- ___ % McCabe Multi-Manager Insurance Fund
- ___ % Permal Multi-Strategy Insurance Port.
- ___ % Roosevelt Insurance Fund
- ___ % Sarasin Insurance Fund Series
- ___ % Short-Term U.S. Insurance Fund Series

T. ROWE PRICE EQUITY SERIES, INC.

- ___ % Blue Chip Growth Port. II
- ___ % Equity Income Port. II
- ___ % Health Sciences Port. II
- ___ % New America Growth Port.
- ___ % Personal Strategy Balanced Port.

T. ROWE PRICE FIXED INCOME SERIES, INC.

- ___ % Limited-Term Bond Port.

T. ROWE PRICE INTERNATIONAL SERIES, INC.

- ___ % International Stock Port.

THIRD AVENUE VST

- ___ % Third Avenue Value Port.

UNIVERSAL INSTITUTIONAL FUNDS, INC.

- ___ % Capital Growth Port. – Class I
- ___ % Core Plus Fixed Income Port. – Class I
- ___ % Emerging Markets Debt Port. – Class I
- ___ % Equity and Income Port. – Class II
- ___ % Global Real Estate Port. – Class II
- ___ % Global Value Equity Port. – Class I
- ___ % High Yield Port. – Class I
- ___ % International Magnum Port.
- ___ % Mid Cap Growth Port. – Class I
- ___ % Mid Cap Value Port.
- ___ % U.S. Real Estate Port. – Class I
- ___ % Value Port.

VAN ECK WORLDWIDE INSURANCE TRUST

- ___ % Worldwide Emerging Markets Fund – Initial Class
- ___ % Worldwide Hard Assets Fund – Initial Class
- ___ % Worldwide Multi-Manager Alternatives Fund

VAN KAMPEN LIFE INVESTMENT TRUST

- ___ % Growth and Income Port. – Class I

VANGUARD VARIABLE INSURANCE FUND

- ___ % Balanced Port.
- ___ % Capital Growth Port.
- ___ % Diversified Value Port.
- ___ % Equity Income Port.
- ___ % Equity Index Port.
- ___ % Growth Port.
- ___ % High Yield Bond Port.
- ___ % International Port.
- ___ % Mid-Cap Index Port.
- ___ % Money Market Port.
- ___ % REIT Index Port.
- ___ % Short Term Investment Grade Port.
- ___ % Small Company Growth Port.
- ___ % Total Bond Market Index Port.
- ___ % Total Stock Market Index Port.

**WELLS FARGO ADVANTAGE FUNDS®
VARIABLE TRUST**

- ___ % C&B Large Cap Value Fund
- ___ % Discovery Fund
- ___ % Opportunity Fund
- ___ % Small Cap Growth Fund
- ___ % Total Return Bond Fund

NATIONWIDE LIFE INSURANCE CO.

- ___ % Fixed Account



VARIABLE LIFE FUND SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401
• One Nationwide Plaza, Columbus, Ohio 43215-2220 • 1-877-351-8808

Section 1 CORPORATION

Corporation Name: _____

Section 2 OWNER

Owner Name: _____

Section 3 IMPORTANT NOTICE

I UNDERSTAND THAT THE DEATH BENEFIT UNDER A VARIABLE LIFE INSURANCE POLICY MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT RETURN OF THE SUBACCOUNT(S) I SELECT. REGARDLESS OF INVESTMENT RETURN, THE DEATH BENEFIT CAN NEVER BE LESS THAN THE SPECIFIED AMOUNT, AS LONG AS THE POLICY IS IN FORCE. THE CONTRACT VALUE MAY INCREASE OR DECREASE ON ANY DAY, DEPENDING ON THE INVESTMENT RETURN FOR THE POLICY. NO MINIMUM CONTRACT VALUE IS GUARANTEED. ON REQUEST, WE WILL FURNISH ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS AND CONTRACT VALUES FOR A VARIABLE LIFE INSURANCE POLICY AND A FIXED LIFE INSURANCE POLICY FOR THE SAME PREMIUM.

Section 4 SUITABILITY

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Do you understand that the Death Benefit and Surrender Value may increase or decrease depending on the investment experience of the Variable Account? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you believe that this Policy will meet your insurance needs and financial objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you received a current copy of the prospectus? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5 ALLOCATIONS

FOR CONTRACTS ISSUED IN STATES WHICH REQUIRE A RETURN OF PREMIUM TO A POLICY OWNER EXERCISING THE SHORT TERM RIGHT TO CANCEL; NET PREMIUMS WILL BE ALLOCATED TO THE NATIONWIDE NVIT MONEY MARKET FUND OR TO THE FIXED ACCOUNT IF SELECTED UNTIL THE END OF THE RIGHT TO CANCEL PERIOD. AT THE END OF THIS PERIOD, YOUR CONTRACT VALUE WILL BE ALLOCATED TO THE SUBACCOUNTS INDICATED BELOW. FOR STATES REQUIRING A RETURN OF CASH VALUE YOUR NET PREMIUM WILL BE ALLOCATED TO THE SUBACCOUNTS AT THE BEGINNING OF THE SHORT TERM RIGHT TO CANCEL PERIOD. YOUR SELECTIONS MUST TOTAL 100%. THESE PERCENTAGES WILL APPLY IN FUTURE YEARS BUT MAY BE CHANGED AT ANY TIME BY THE POLICY OWNER. (IF NO ALLOCATION INDICATED, MONEY MARKET WILL BE AUTOMATICALLY SELECTED.)

AIM VARIABLE INSURANCE FUNDS (Series 1 Shares)

- ____ % Capital Development Fund
- ____ % International Growth Fund
- ____ % Mid Cap Core Equity Fund

ALLIANCEBERNSTEIN VARIABLE PRODUCT SERIES FUND, INC. (Class B)

- ____ % Growth & Income Port.
- ____ % International Value Port.
- ____ % Small/Mid Cap Value Port.

AMERICAN CENTURY VARIABLE PORTFOLIOS, INC. (Class II)

- ____ % VP Mid Cap Value Fund
- ____ % VP Value Fund
- ____ % VP Vista Fund

BLACKROCK VARIABLE SERIES FUNDS, INC. (Class II)

- ____ % Large Cap Core V.I. Fund

DREYFUS (Service Shares)

- ____ % Small Cap Stock Index Port.
- ____ % Stock Index Fund, Inc.
- ____ % VIF Appreciation Port.

DWS VARIABLE SERIES II (Class B)

- ____ % Dreman Small Mid Cap Value VIP
- ____ % Dreman Strategic Value VIP

FEDERATED INSURANCE SERIES (Service Shares)

- ____ % Quality Bond Fund II

FIDELITY VARIABLE INSURANCE PRODUCTS FUND (Service Class II)

- ____ % VIP Equity-Income Port.
- ____ % VIP Freedom Fund 2015 Port.
- ____ % VIP Freedom Fund 2020 Port.
- ____ % VIP Freedom Fund 2025 Port.
- ____ % VIP Freedom Fund 2030 Port.
- ____ % VIP Growth Port.
- ____ % VIP Investment Grade Bond Port.
- ____ % VIP Mid Cap Port.

FRANKLIN TEMPLETON VARIABLE INSURANCE PRODUCTS TRUST (Class II)

- ____ % Franklin Small Cap Value Securities Fund
- ____ % Templeton Global Bond Securities Fund

If you have any questions, please contact your New Business Coordinator at 1-877-351-8808

**IVY FUNDS VARIABLE INSURANCE
PORTFOLIOS, INC.**

____ % Asset Strategy
____ % Growth
____ % Real Estate Securities
____ % Science & Technology

JANUS ASPEN SERIES (Service Shares)

____ % Balanced Port.
____ % Forty Port.
____ % Global Technology Port.
____ % Overseas Port.

**LEGG MASON PARTNERS VARIABLE
PORTFOLIOS I, INC. (Class I)**

____ % Small Cap Growth Port.

**LINCOLN VARIABLE INSURANCE
PRODUCTS TRUST (Service Class)**

____ % Baron Growth Opportunities Fund

**LORD ABBETT SERIES FUND, INC.
(Class VC)**

____ % Mid Cap Value Port.

M FUND, INC.

____ % Brandes International Equity Fund
____ % Business Opportunity Value Fund
____ % Frontier Capital Appreciation Fund
____ % Turner Core Growth Fund

**MFS® VARIABLE INSURANCE TRUST
(Service Class)**

____ % Research International Series
____ % Value Series

**NATIONWIDE NVIT INVESTOR
DESTINATIONS (Class II)**

____ % Aggressive Fund
____ % Conservative Fund
____ % Moderate Fund
____ % Moderately Aggressive Fund
____ % Moderately Conservative Fund

**NATIONWIDE VARIABLE INSURANCE TRUST
(NVIT) (Class I)**

____ % Federated NVIT High Income Bond Fund
____ % Gartmore NVIT Emerging Markets Fund
____ % Gartmore NVIT International Equity Fund
____ % Gartmore NVIT Worldwide Leaders Fund
____ % NVIT Government Bond Fund
____ % NVIT International Index Fund (Class II)
____ % NVIT Mid Cap Index Fund (Class II)
____ % NVIT Money Market Fund (Class V)
____ % NVIT Multi Manager Large Cap Growth Fund
____ % NVIT Multi Manager Mid Cap Growth Fund
____ % NVIT Multi Manager Mid Cap Value Fund
____ % NVIT Multi Manager Small Cap Growth Fund
____ % NVIT Multi Manager Small Cap Value Fund
____ % NVIT Multi Manager Small Company Fund
____ % NVIT Multi Sector Bond Fund
____ % NVIT Nationwide® Fund
____ % NVIT Short Term Bond Fund
____ % Van Kampen NVIT Real Estate Fund

**NEUBERGER BERMAN ADVISERS MANAGEMENT
TRUST**

____ % AMT Partners Port. (I Class)
____ % AMT Regency Port. (S Class)

**OPPENHEIMER VARIABLE ACCOUNT FUNDS
(Service Shares)**

____ % Capital Appreciation Fund/VA
____ % Global Securities Fund/VA

**PIMCO VARIABLE INSURANCE TRUST
(Administrative Share Class)**

____ % All Asset Port.
____ % Foreign Bond Port. (unhedged)
____ % Low Duration Port.
____ % Real Return Port.
____ % Total Return Port

PIONEER VARIABLE CONTRACTS TRUST

____ % Emerging Markets VCT Port. (Class I)
____ % High Yield VCT Port. (Class II)

PUTNAM VARIABLE TRUST (Class IB)

____ % Small Cap Value Fund

ROYCE CAPITAL FUND (Investment Class)

____ % Micro-Cap Port.

**T. ROWE PRICE EQUITY SERIES, INC.
(Class II)**

____ % Equity Income Port.

**THE UNIVERSAL INSTITUTIONAL
FUNDS, INC. (Class II)**

____ % Capital Growth Port.
____ % Emerging Markets Debt Port.
____ % Global Real Estate Port.
____ % Mid Cap Growth Port.

**VAN ECK WORLDWIDE INSURANCE
TRUST (Initial Class)**

____ % Worldwide Hard Assets Fund

**WELLS FARGO ADVANTAGE FUNDS®
VARIABLE TRUST**

____ % Discovery Fund
____ % Small Cap Growth Fund

NATIONWIDE LIFE INSURANCE CO.

____ % Fixed Account

Dated at _____ on _____, _____
City and State Month Day Year

Signature of Registered Representative

Signature of Owner (Authorized Officer/Trustee)

SERFF Tracking Number:	NWPA-126449866	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	44534
Company Tracking Number:	COLI-3000-C-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Form Filing		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Form COLI-3000-C-AR, COLI-3001-D-US4, COLI-3002-D-US4, and COLI-3012-D-AR have been written in a readable fashion and attain Flesch scores of 48.9, 55.1, 55.1, and 53.8, respectively. Forms COLI-3006-N, COLI-3011-V and COLI-3038-A are exempt from scoring.</p> <p>Attachment: AR CERT.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Application</p> <p>Comments: Application forms attached in the form schedule:</p> <p>COLI-3000-C-AR, Corporate Master Application COLI-3001-D-US4, Corporate Enrollment Form for Consent to Insurance COLI-3002-D-US4, Corporate Enrollment Form for Consent to Insurance COLI-3012-D-AR, Corporate Enrollment Form - Consent to Insurance COLI-3006-N, Variable Life Fund Supplement COLI-3011-V, Variable Life Fund Supplement COLI-3038-A, Variable Life Fund Supplement</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Cover Letter</p> <p>Comments: Cover Letter</p> <p>Attachment: COLI-3000-C-AR cvr ltr.pdf</p>		



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life Insurance Company

Form Numbers: COLI-3000-C-AR, Corporate Master Application
COLI-3001-D-US4, Corporate Enrollment Form for Consent to Insurance
COLI-3002-D-US4, Corporate Enrollment Form for Consent to Insurance
COLI-3012-D-AR, Corporate Enrollment Form - Consent to Insurance
COLI-3006-N, Variable Life Fund Supplement
COLI-3011-V, Variable Life Fund Supplement
COLI-3038-A, Variable Life Fund Supplement

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

You have our assurance that any maximum cost of insurance changes and/or any minimum accumulation rates will be re-filed with the department

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, appearing to read "John H. Crow".

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 10-14-09



January 11, 2010

The Honorable Julie Benafield Bowman
Insurance Commissioner
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: COLI-3000-C-AR Corporate Master Application
COLI-3001-D-US4 Corporate Enrollment Form for Consent to Insurance
COLI-3002-D-US4 Corporate Enrollment Form for Consent to Insurance
COLI-3012-D-AR Corporate Enrollment Form - Consent to Insurance
COLI-3006-N Variable Life Fund Supplement
COLI-3011-V Variable Life Fund Supplement
COLI-3038-A Variable Life Fund Supplement
NAIC #66869

Dear Madam:

Enclosed for filing, subject to your approval, are forms COLI-3000-C-AR Corporate Master Application, COLI-3001-D-US4 Corporate Enrollment Form for Consent to Insurance, COLI-3002-D-US4 Corporate Enrollment Form for Consent to Insurance, COLI-3012-D-AR Corporate Enrollment Form - Consent to Insurance, COLI-3006-N Variable Life Fund Supplement, COLI-3011-V Variable Life Fund Supplement, and COLI-3038-A Variable Life Fund Supplement.

<u>Existing Form</u>	<u>Approval Date</u>	<u>Serff File #</u>	<u>New Form</u>
COLI-3000-B-US2	02-08-07	NWPA-125094883	COLI-3000-C-AR
COLI-3005-B-US2	11-02-06	USPH-6UFFYA691/00	COLI-3000-C-AR
COLI-3001-C-AR	09-15-06	USPH-6TDNTV196/00	COLI-3001-D-US4
COLI-3009-US2	10-30-01	N/A	COLI-3001-D-US4
COLI-3002-C-AR	09-15-06	USPH-6TDNTV196/00	COLI-3002-D-US4
COLI-3010-US2	10-30-01	N/A	COLI-3002-D-US4
COLI-3012-C-AR	09-15-06	USPH-6TDNTV196/00	COLI-3012-D-AR
COLI-3017-C-AR	02-08-07	NWPA- 125094402	COLI-3012-D-AR
COLI-3006-M	04-09-07	NWPA- 125137529	COLI-3006-N
COLI-3011-U	04-09-07	NWPA- 125137529	COLI-3011-V
COLI-3038	01-12-09	NWPA- 125886343	COLI-3038-A

The following revisions were made:

COLI-3000-C-AR

1. Added Nationwide logo.
2. Updated the format of the application.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Changed the address and added phone number to the front page.

Nationwide Life Insurance Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220

COLI-3000-C-AR Cont'd

5. Changed application to be used with individual and group products.
6. Added Owner Tax ID No. and Trust Options in Owner section.
7. Removed Modified Single Premium in Planned Premium section.
8. Removed Additional Instructions and Correction and Amendments by Home Office sections.
9. Changed name of Additional Protection Rider to Supplemental Insurance Rider.
10. The New Business Coordinator phone number was placed at the bottom of both pages.

COLI-3001-D-US4

1. Added Nationwide logo.
2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Changed form to be used with individual and group products.
6. Changed wording in Authorization of Insurance.
7. In Section 3, revised question A2.
8. Changed Life Insured to Proposed Insured.

COLI-3002-D-US4

1. Added Nationwide logo.
2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Changed form to be used with individual and group products.
6. Changed wording in Authorization of Insurance.
7. In Section 3, revised question A2.
8. Changed Life Insured to Proposed Insured.

COLI-3012-D-AR

1. Added Nationwide logo.
2. Updated the format of the form.
3. Removed Nationwide Life and Annuity Insurance Company.
4. Added the address and phone number to the front page.
5. Removed State of Birth in Section 1.
6. Changed form to be used with individual and group products.
7. Changed wording in Authorization of Insurance.
8. In Section 3, revised question A2.
9. Changed Life Insured to Proposed Insured.
10. Revised I authorize paragraph.
11. Revised Fraud Statement.
12. Updated MIB address and added web address in MIB Disclosure Notice Section.

COLI-3006-N

1. Updated the format of the form.
2. Removed Nationwide Life and Annuity Insurance Company.
3. Added the address and phone number to the front page.
4. Removed Corporate Tax ID.
5. Added Owner Name section.
6. Removed IRC Life Insurance Qualification Test section.
7. Removed Death Benefit Option section.
8. The New Business Coordinator phone number was placed at the bottom of both pages.
9. Revised signature lines.
10. Revised funds.

COLI-3011-V

1. Updated the format of the form.
2. Added the address and phone number to the front page.
3. Removed Owner Tax ID.
4. Added Corporation section.
5. Removed IRC Life Insurance Qualification Test section.
6. Removed Death Benefit Option section.
7. The New Business Coordinator phone number was placed at the bottom of the 1st page.
8. Revised signature lines.
9. Revised funds.

COLI-3038-A

1. Updated the format of the form.
2. Added phone number to the front page.
3. The New Business Coordinator phone number was placed at the bottom of the 1st page.
4. Revised signature lines.
5. Revised funds.

These forms are being filed concurrently in our state of domicile. Form COLI-3000-C-AR, COLI-3001-D-US4, COLI-3002-D-US4, and COLI-3012-D-AR have been written in a readable fashion and attain Flesch scores of 48.9, 55.1, 55.1, and 53.8, respectively. Forms COLI-3006-N, COLI-3011-V and COLI-3038-A are exempt from scoring.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Sincerely,



Dan Gallion
Specialist
NF Regulatory Filings &
Operations Team, 1-33-102
Phone: (614) 249-8116
Fax: (614) 249-2112
E-Mail: galliod@nationwide.com

DG

Enclosures:

1. Filing Letter
2. Filing Fee
3. COLI-3000-C-AR, Corporate Master Application
4. COLI-3001-D-US4, Corporate Enrollment Form for Consent to Insurance
5. COLI-3002-D-US4, Corporate Enrollment Form for Consent to Insurance
6. COLI-3012-D-AR, Corporate Enrollment Form - Consent to Insurance
7. COLI-3006-N, Variable Life Fund Supplement
8. COLI-3011-V, Variable Life Fund Supplement
9. COLI-3038-A, Variable Life Fund Supplement